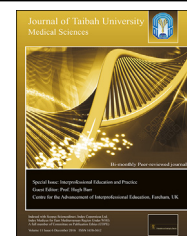




Taibah University

Journal of Taibah University Medical Sciences

www.sciencedirect.com

Educational Article

Diversity and internationalisation in interprofessional education



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Received 30 August 2016; revised 12 November 2016; accepted 13 November 2016; Available online 30 November 2016

المخلص

تنظر هذه الورقة لوجهات النظر بشأن إدخال التنوع والتحويل إلى منهج التعليم المتداخل بين التخصصات. في حين يبدو هذا مهمة شاقة في مجال تحد لتقديم التعليم المتداخل بين التخصصات بجودة، يسعى المؤلف إلى إثبات أن تنوع المواضيع، والتخصصات والمواقع الجغرافية يمكن أن يوفر تعليمًا قيمًا للطلبة. من خلال تحدي فكرة أن التعليم المتداخل بين التخصصات يركز على موضوعات متعلقة بالصحة فقط، ومن خلال توسيع مدى التعليم للطلبة، يمكن تطوير الصفات العليا التي تعزز فرص العمل، ومعالجة القضايا العالمية لقوى عاملة ماهرة قادرة على تقديم الرعاية المعقدة. تلقي هذه الورقة الضوء على مبادرات التعليم المتداخل بين التخصصات التي وضعت من قبل المؤلف، وتتضمن تقديم مواضيع مثل الفنون، والعلوم الإنسانية، والحماية العامة إضافة إلى تنوع التخصصات وإدارة الضيافة، والتصميم الجرافيكي والشرطة. تتضمن المبادرات العالمية التعاون بين الطلبة والعاملين من اسكتلندا، واليابان وأستراليا. تتوافق أهمية تعزيز التنوع في منهج التعليم المتداخل بين التخصصات لطلبة التخصصات الصحية والاجتماعية مع استراتيجيات منظمة الصحة العالمية لتحالف القوى العاملة العالمية والهيئات المهنية مثل أكاديمية التعليم العالي (المملكة المتحدة). كما تشجع هذه الورقة المعلمين على التعامل مع هذه الاستراتيجيات للحصول على وجهات النظر الدولية على التخصصات المهنية مما يتيح للطلبة وأعضاء هيئة التدريس تكوين فهم أعمق للبلدان والثقافات الأخرى. يمكن لمعلمي التعليم المتداخل بين التخصصات تطوير المناهج لتشمل هذه المبادرات وتضمن أن القوى العاملة للغد لديها المعرفة والمهارات اللازمة ليصبحوا مهنيين عالميين. ويمكن للمعلمين من خلال تبني مبادرات قابلة للتحويل تطوير تدخلات مماثلة مناسبة للسياقات الثقافية المختلفة.

الكلمات المفتاحية: التعليم المتداخل بين التخصصات؛ المنهج؛ التنوع؛ منظمة الصحة العالمية؛ التعاون

Abstract

This position paper considers the perspectives regarding introducing diversity and internationalisation to the interprofessional education (IPE) curriculum. While this

step may seem to be an onerous task in the challenging area of delivering quality IPE, the author seeks to demonstrate that the diversification of topics, disciplines and geographical locations can provide valuable student learning. By challenging the notion that IPE focusses on health-related topics alone and by broadening students' education, attributes can be developed that enhance employability and address global issues for a skilled workforce capable of delivering complex care. The paper highlights interprofessional educational initiatives developed by the author that includes the introduction of such topics as arts and humanities and public protection, as well as diversification of such disciplines as hospitality management, graphic design and the police. The international initiatives included collaborations between students and staff from Scotland, Japan and Australia. The importance of promoting diversity in the interprofessional curriculum for health and social care students concurs with the strategies from the World Health Organisation's global workforce alliance and professional bodies, such as the Higher Education Academy (UK).

This paper encourages educators to engage with these strategies to acquire international perspectives on professional disciplines, thereby enabling students and faculty to develop a deeper understanding of other countries and cultures. IPE educators can develop curricula to include such initiatives and ensure that tomorrow's workforce has the necessary knowledge and skills to become global professionals. By adopting these transferable initiatives, educators can develop similar interventions appropriate for different cultural contexts.

Keywords: Collaboration; Curriculum; Diversity; Interprofessional education; World health organisation

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Peer review under responsibility of Taibah University.



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Introduction

Interprofessional education (IPE) has become an important part of educational preparation for health and social care professionals in many countries. IPE has been defined clearly by the Centre for the Advancement of Interprofessional Education (CAIPE) as ‘learning that occurs when two or more professions learn with from and about each other to enhance the quality of care’.² This type of learning has been driven forward by many factors, including populations requiring complex care that requires the expertise of many professions. To this end, there is a need for a skilled workforce to work collaboratively for the delivery of high quality services that meet expectations and promote patient safety. Equipping the healthcare workforce with the essential knowledge and skills is always a challenge for educators. Ensuring that this educational development has an interprofessional focus poses even greater challenges. Trying to create diversity and internationalisation within an interprofessional curriculum can seem to be another unnecessary extra hurdle. This paper aims to unravel a number of these challenges and discuss innovative educational initiatives that can be adapted to any cultural context and deliver quality IPE that can reap benefits for all stakeholders.

The paper presents three educational initiatives relating to diversity and internationalisation of interprofessional education (IPE). First, the diversification of topics, including arts and humanities and public protection. Second, the diversification of disciplines, including business, arts, and police and social work professionals. Third, the involvement of other international settings, including in Japan and Australia. These initiatives are reported as examples of what can be achieved to diversify and internationalise undergraduate curricula.

The examples given will inform the reader of interventions that have been achieved across different countries and disciplines, demonstrating the benefits of partnership and the broadening of horizons for students and educators.

Current context for IPE

It is typical for IPE to focus on health and health professionals. Topics are usually patient-related and discuss health care team perspectives, drawing on what constitutes good teamwork and how teams can become more effective. It is also typical for these to be within one’s own cultural perspectives and within one country’s professional regulations.

This paper challenges this context and poses two questions:

What if the current context for IPE were changed, and a different approach were taken? What would this change do to the student experience?

Diversification of topics for IPE

In terms of diversification of topics, there has been a global interest in including the arts and humanities within health related courses, especially medicine, for centuries. There is growing evidence that suggests that there are better health outcomes when health professionals recognise the

value of the arts as therapy, both for themselves and for patients and society.⁹ The inclusion of arts and humanities within an established interprofessional programme was developed within a new module titled ‘Expressing arts and humanities in health and social care settings’. The module sought to appreciate the place of the arts and humanities in providing critical perspectives on health and social care practice. Sixty medical, nursing and occupational therapy students participated in this module over a period of two years.

When undergraduate students attempt to grapple with the demands of a comprehensive course steering them toward the professional that they will become, they become focussed on the specifics of that course and excelling in the subject areas that they must learn. This module explored their ‘human’ characteristics enabling them to bring the ‘personal’ to the ‘professional’ role. It allowed them to consider their own personality traits, family circumstances and backgrounds, which have an impact on how they embrace their new learning and the attributes they bring to their journey. Students often undertake courses with a high percentage of ‘science’ related subjects, and it was a challenge to generate thinking that considered the place of arts and humanities in health and social care. The very essence of their ‘humanity’ meant that they generally found commonality and the majority related well to these person-centred genres. With skilled facilitation, they were able to draw on their personal traits to appreciate the module. Students did not always recognise how these aspects of their personal lives could have a bearing on their professional practice. The module allowed them to explore this as a priority of their learning and future professional practice.

Another initiative to diversify topics for IPE included the development of scenarios around public protection. This approach included topics relating to vulnerable people in society who may at some point require support from professionals in organisations such as the police, health services, and social services. The diversification in the topics and disciplines involved in this intervention led to its being termed ‘multi-agency’, and workshop-style learning was developed for students from a wide range of health and social care disciplines, including police officers. The topics included adult and child protection, domestic violence, financial harm, mental health and radicalisation. This learning initiative was evaluated well by students and staff over a period of four years and will be embedded as part of mainstream undergraduate IPE in the university.

Diversifying disciplines for IPE

Graduate attributes are increasingly identified by a number of universities as the skills, knowledge and abilities that students acquire beyond their disciplines and that are applicable across a range of different contexts.⁷

This intervention involved students from Nutrition; Hospitality Management; Graphic Design and Public Relations. The faculties included health and social care; design and technology and the business school. For the latter two faculties interprofessional learning was a new concept. This example enabled the disciplines of hospitality management, public relations and graphic design to experience IPE for the

first time and diversify a 'health' related model for IPE³ that was more familiar to the nutrition students to suit the needs of all concerned. This enabled 'meaningful and relevant' IPE that satisfied students' learning requirements and led to attributes in 'interdisciplinarity'. The needs of three faculties were met, bringing together like-minded staff and creating an inter-university intervention that has become embedded as essential learning within the curricula of all these courses.

Making the change for diversity

Diversifying the curriculum in terms of topics and disciplines is not performed simply for the notion of doing this but rather to generate additional learning experiences that enable graduates to think broader and create opportunities for themselves in terms of employability and professionalism. Enabling 'interdisciplinarity' to become a focus for graduate attributes is a positive way forward as it is underpinned by the interprofessional objectives of mutual respect, trust and the breaking down of stereotypes amongst professionals.⁴ This has to be a positive step forward for the working population of the future. The terminology for IPE educators has to change when diversifying, as this transcends 'interprofessionalism' and encompasses interagency and collaborative working in a transdisciplinary context.

Necessity of internationalising curriculum

Internationalising the curriculum ensures that students in one setting learn about different international contexts enabling understanding and appreciation of different health and social care systems from their own. The justification for internationalising the curriculum stems from the World Health Organisation^{11,10} and professional bodies that have recommended this of their educational institutions, for example the UK's Higher Education Academy (HEA).

Another driver for the interprofessionalism is the global shortfall of health care workers, which the WHO estimated as 7.2 million, affecting 83 countries.¹⁰ By creating a global workforce alliance the WHO has rallied governments, societies, agencies, financial institutions, educators and researchers to form partnerships to resolve the problems that result.

As educators, we have a duty to address this and internationalising the curricula for students is one way forward. Indeed, in some countries educators are tasked with 'internationalising' their curricula, enabling students to acquire international perspectives on their disciplines and encouraging a deeper understanding of other countries and cultures. This has the potential to improve their knowledge, skills and values.⁵

Internationalising the IPE curriculum

By capitalising on international partnerships, it has been possible for students from different continents and time zones to interact. The two examples given involve students from Scotland engaging with students in Japan and Australia using technology-enhanced learning strategies. These

partnerships were forged at international IPE conferences and through networks such as CAIPE.

Scotland and Australia

The remoteness of the Orkney and Shetland Islands in Scotland and Albany, part of the Great Southern region south of Perth, Australia, demonstrated similar issues in terms of delivering IPE in practice. The main problem was the lack of different disciplines in each locality for students to engage. Using an existing virtual learning platform developed at Robert Gordon University for IPE, a new approach was attempted. Recognising the needs of both groups of students an 'international buddy group' was developed enabling social work students in Albany, Australia to interact through the buddy group with nursing, physiotherapy and occupational therapy students in Orkney and Shetland. They followed an IPE in Practice toolkit⁸ that required them to post a synopsis of a real case that they were involved with on placement and seek out different professional perspectives on the case through a discussion forum within their buddy group.

There was an important phase of planning and training for the mentors/supervisors of the students in their placement locations, resulting in the implementation phase progressing smoothly. Valuable learning was achieved by all participants including knowledge and skill appreciation of cultural and professional practices different to their own countries.

Scotland and Japan

Two interventions between staff from Scotland and Japan occurred over a period of three years. First, IPE initiatives relating to the understanding of professional roles and responsibilities were developed in Scotland and translated and contextualised for the Japanese setting. This was evaluated well by the students, facilitators and the project team. Second, the development of a module on diabetes and a webinar resulted in live interaction between students in both countries.

The IPE materials included the development of an inter-professional game iPEG⁶ focussing on scenarios that developed the understanding of professional roles and responsibilities that was translated into Japanese. Scottish partners from Robert Gordon University Aberdeen evaluated this in a Japanese context with medical, nursing and pharmacy students from Nagoya University and social work students from Sendai University.

The module on diabetes was developed as an online module with contributions from the project teams in Japan and Scotland. It involved students studying this module and interviewing volunteer/standardised patients in each country. The students assessed a patient in their own context and prepared case studies to present to each other. In Scotland, the students came from the medical, pharmacy, nursing, occupational therapy, dietetics and diagnostic radiography fields. In Japan, they were medical and nursing students. On WHO Diabetes Awareness Day a live webinar was conducted at 8 am UK time and 5 pm Japanese time. The students presented their work and learned about each other's cultural and professional perspectives on diabetic care.

Overcoming the challenges of internationalising the curriculum

It may seem a daunting prospect to attempt internationalisation of the IPE curriculum, but these examples serve to demonstrate that geography does not have to be a barrier. These interventions occurred across great distances and in very different time zones compared to where each student was located. The planning meetings between partners and project teams occurred on SKYPE and over emails. The All Together Better Health Conferences in Sydney and Kobe enabled fruitful partnerships to be forged, which were strengthened over these exciting developments. The partnerships continue to grow and develop and there is potential for new projects to emerge.

Technology-enhanced learning is valuable for these types of developments and served as the main vehicle for delivery. With such technology, educational developments can overcome geographical barriers to instil innovative and interesting student experiences that are memorable, fun and enjoyable. These types of experiences are satisfying and will be remembered long into the careers of these students as something that they perceived of as exceptional in their studies.

The skills of the facilitators are essential to the success of interventions such as these. The training and development of the facilitators to engage appropriately and with the necessary skills and understanding of what was trying to be achieved proved vital to implementation and positive evaluation. The project teams spent a large proportion of time planning and training all staff participants according to high standards.¹

Conclusions

These three educational initiatives encompassing diversity and internationalisation are reported as examples of what can be achieved with the right partners and the right motivation to ensure that newly developed curricula is 'meaningful and relevant' to all participants. The initiatives underpin the fundamental principles of IPE, including the definition of IPE² and the need to promote mutual trust, respect and the breaking down of stereotypes.⁴

These examples have developed new and innovative strategies for the diversification of interprofessional learning. They have forged successful and effective international partnerships that were modelled to the students. There is the possibility that through such initiatives, IPE educators can ensure that tomorrow's workforce has the necessary knowledge and skills to become global health and social care professionals. In this context, the initiatives have fulfilled several of the objectives of the WHO Global Health Workforce Alliance.^{11,10}

The author would encourage educators to embrace these examples as transferable ideas and to develop similar interventions appropriate to different cultural contexts.

Author's contribution

SJ has written this position paper based on her own experiences of working within the field of interprofessional

education. She has been the originator of the ideas for internationalisation of the curriculum working as project lead and with the team whose names are acknowledged in the acknowledgement section. The evaluations conducted by the students and staff on the projects are referred to only to support the position paper and not indicated as specific study findings. She drafted all the work and revised it and addressed the intellectual content herself. She approved the final manuscript for submission. SJ is responsible for the content and similarity index of the manuscript.

Conflict of interest

The author has no conflict of interest to declare.

Acknowledgements

From Robert Gordon University, Aberdeen: Professor Lesley Diack, Dr. Morag Mcfadyen; Mr. Patrick Walker; Dr. Wendy Wreiden, Dr. Shauna Cunningham, Ms Anne Singleton, Ms Izzy Crawford, Ms. Inga Heyman, Mr. Stuart Brodie. From University of Aberdeen: Dr. Rebecca Riddell. From NHS Grampian: Mrs. Jenni Haxton, Mrs. Jacqui Mackintosh. From Police Scotland: DCI Sam MacCluskey, DI Fiona Topping. From Curtin University, Perth: Dr. Margo Brewer, Dr. Kate Duncanson. From Nagoya University, Japan: Professor Hiroki Yasui, Dr. Mina Suematsu; Dr. Keiko Abe. From Sendai University, Japan: Professor Hyun-Jeong Park.

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How to cite this article: Joseph S. Diversity and internationalisation in interprofessional education. *J Taibah Univ Med Sc* 2016;11(6):566–570.